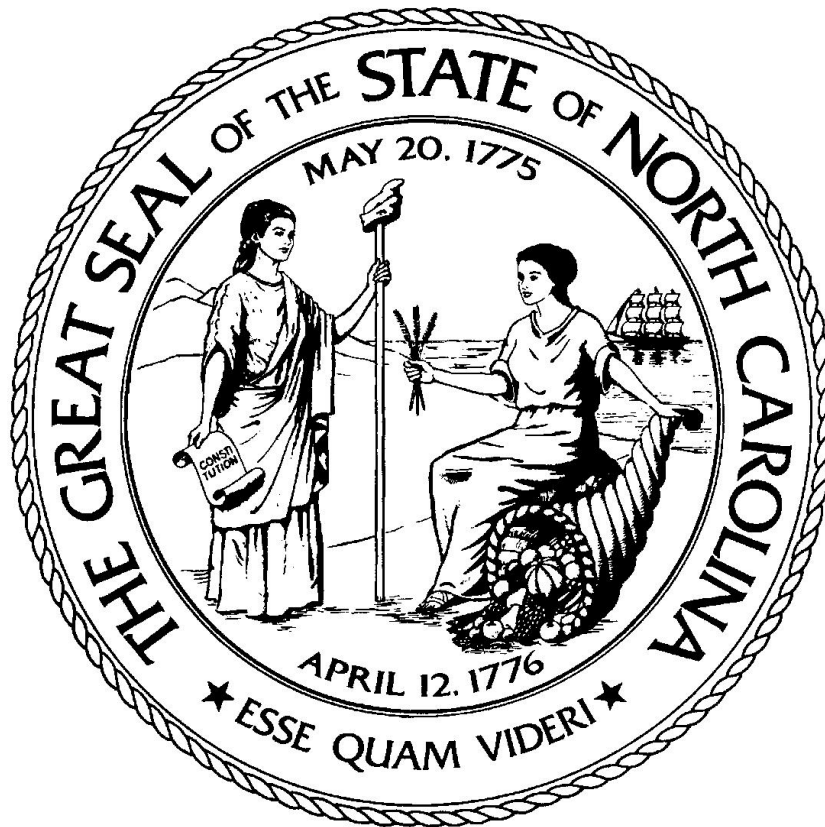


North Carolina Department of Health and Human Services

Strategic Plan

2019 – 2021



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Contents

1. Strategic Plan Executive Summary.....	2
2. Mission, Vision, and Values	4
3. Goals, Objectives, and Performance Measures.....	5
4. Highlights and Opportunities.....	17

1. Strategic Plan Executive Summary

The Department of Health and Human Services works to advance the health, safety, and well-being of all North Carolinians in collaboration with a wide array of partners and stakeholders. Much of this work involves managing the delivery of services to North Carolina's most vulnerable populations, including children, seniors, people with disabilities, and low-income individuals and families. DHHS touches the lives of millions of North Carolinians and our goals reflect the wide range of programs we administer and populations we work with.

Goals for 2019- 2021 are to:

1. Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.
2. Build an innovative, coordinated, and whole-person centered system that addresses both medical and non-medical drivers of health.
3. Turn the tide on North Carolina's opioid crisis.
4. Ensure all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.
5. Achieve operational excellence.

These goals support our key work to:

- Buy health for people through our Medicaid program, including working with underserved communities to improve access to quality health care and reduce health disparities
- Safeguard public health by protecting communities from communicable and chronic diseases, epidemics, and contaminated food/water
- Protect the safety, security and well-being of children and vulnerable adults
- Support individuals with disabilities and older adults in leading healthy and fulfilling lives
- Promote family economic independence and self-sufficiency
- Ensure high standards in the many health care facilities we operate or regulate

During the 2019-2021 biennium, DHHS will continue to focus on three key priority areas:

First, the Medicaid program will transition from a predominantly fee-for-service structure to managed care, the biggest change to that program in decades. As DHHS undertake this transformation, we are committed to improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. Towards this goal, DHHS is integrating physical health and behavioral health services in managed care; addressing key drivers that directly impact health, including housing, food, transportation, employment, and interpersonal safety; and promoting quality, value, and access in North Carolina's health care system.

Second, DHHS is working with many other stakeholders to do everything possible to address the opioid crisis. The epidemic is devastating families and communities throughout the state. From 1999-2016, nearly 11,000 North Carolinians lost their lives to unintentional opioid overdose. In 2017 alone there were 1,700 deaths. Overdose death are preventable. North Carolina has achieved some successes to date, but there is much more work left to do. Given that the opioid epidemic is complex, we will

continue to implement a wide array of strategies in seven focus areas to reduce opioid addiction and overdose death. These include coordinating the state's infrastructure to tackle the opioid crisis; reducing the oversupply of prescription opioids; reducing the diversion of prescription drugs and the flow of illicit drugs; increasing community awareness and prevention; making naloxone widely available; expanding treatment and recovery systems of care; and measuring the effectiveness of these strategies based on results.

Third, we will launch and begin implementing our Early Childhood Action Plan. DHHS wants all North Carolina children to get a healthy start and develop to their full potential in safe and nurturing families, schools and communities. The development of young children plays a critical role in their lifelong well-being. During a child's first eight years, brain architecture is forming a foundation for all future learning, behavior and health. The Early Childhood Action Plan focuses around three central themes: that North Carolina's children are 1) healthy, are 2) safe and nurtured, and are 3) learning and ready to succeed.

Ultimately, our work in the coming biennium will strengthen our ability to deliver on our mission and our highest priority: to advance the health, safety, and well-being of the people we serve.

2. Mission, Vision, and Values

Mission Statement

In collaboration with our partners, the North Carolina Department of Health and Human Services provides essential services to improve the health, safety, and well-being of all North Carolinians.

Vision Statement

Advancing innovative solutions that foster independence, improve health, and promote well-being for all North Carolinians.

Organizational Values



People-Focused: Focus on the people we serve, deliver value and make a positive impact on their lives and communities.



Teamwork: We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.



Proactive Communication: Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders, and the people we serve.



Transparency: Share expertise, information and honest feedback with the Department and with stakeholders and the community. Ask for help when needed.



Stewardship: Be good stewards of resources and time to create a positive impact for those we serve.



Joy: Have joy and balance at work, so we all bring our A-game when serving the people of North Carolina.

3. Goals, Objectives, and Performance Measures

Goal 1 - Advance the health and well-being of North Carolinians utilizing the programmatic tools of our Department.		
Objective 1.1 – Promote access to DHHS benefit programs that improve health and well-being.		
1.1.1 – Performance Measures: Percentage of eligible individuals enrolled in Medicaid, FNS, and WIC programs.	Strategy	Increase the percentage of eligible individuals enrolled in Medicaid, FNS, and WIC programs.
	Benefit programs like Medicaid, FNS, and WIC have been demonstrated to improve health and well-being for enrollees, but not everyone who is eligible is enrolled. DHHS is currently working with a group from the UNC Gillings School of Global Public Health to explore best practices for increasing uptake rates in these and other DHHS benefit programs. <i>(Cross-departmental objective)</i>	
Objective 1.2 – Protect the health and safety of children and vulnerable adults.		
1.2.1 – Performance Measure: For all children who were victims of maltreatment during a twelve-month period, percent receiving a subsequent finding of maltreatment.	Strategy	Reduce the number of maltreated children who receive a subsequent finding of maltreatment.
	DHHS will continue to work closely with county Departments of Social Services to improve and strengthen the child welfare system, provide supervision, program monitoring and technical assistance to the counties. DHHS is also using recommendations being developed by an independent contractor, Center for the Support of Families, as a roadmap to identify ways to improve support to and oversight of social services programs, enhance child safety and protect children from harm. <i>(Division of Social Services)</i>	
1.2.2 – Performance Measure: Percentage of children who enter foster care in a 12-month period who are discharged to permanency within 12 months of entering foster care.	Strategy	Decrease the time to permanency for children in foster care.
	DHHS will continue to work closely with county Departments of Social Services to improve and strengthen the child welfare system, provide supervision, program monitoring and technical assistance to the counties. DHHS is also using recommendations under development with the independent contractor, Center for the Support of Families, as a roadmap to identify ways to strengthen the statewide capacity to improve permanency outcomes for children in foster care. <i>(Division of Social Services)</i>	
1.2.3 – Performance Measure: Percentage of adult protective services (APS) evaluations involving allegations of abuse or neglect completed	Strategy	Ensure allegations of adult abuse/neglect are evaluated promptly.
	Adults with disabilities may be vulnerable to abuse, neglect and exploitation. County Departments of Social Services receive and evaluate reports to determine whether disabled adults need protective services. County agencies protect adults by receiving reports and evaluating the need for protective services; planning with the disabled adult, family or caregiver to identify and prevent abuse, neglect or exploitation;	

within 30 days of the report.	reporting evidence of mistreatment to the DA and regulatory agencies; initiating court action as necessary to protect the adult; and mobilizing essential services. (Division of Social Services)	
Objective 1.3 – Protect communities from communicable and chronic diseases, epidemics, and contaminated food/water.		
1.3.1 – Performance Measure: Percentage of children who receive the recommended vaccines.	Strategy	Increase the percentage of children who receive recommended vaccines.
	Through the North Carolina Immunization Program (NCIP), DHHS distributes vaccines to health care providers at no charge. More than 95 percent of pediatricians who administer vaccines to children in NC participate in this program. DHHS is also working with immunizing providers to transition them to a new version of the NC immunization registry that makes it easier for providers to access information. (Division of Public Health)	
1.3.2– Milestones: 1) Convening of HNC 2030 Task Force 2) Publishing HNC 2030 objectives and road map	Strategy	Develop statewide health improvement plan, Healthy NC 2030.
	Consistent with the national 10-year health improvement plan, Healthy People 2030, DHHS is embarking on a planning process with the NC Institute of Medicine (NCIOM) to develop a vision for improving the health of North Carolinians. NCIOM will convene a task force consisting of representation from multiple sectors that impact health to develop attainable and practical health improvement objectives for 2030. (Cross-departmental objective)	
Objective 1.4 –Help North Carolinians with disabilities and older adults lead healthy and fulfilling lives.		
1.4.1 – Performance Measure: Percentage of individuals with intellectual/developmental disabilities living in non-institutional settings.	Strategy	Increase the percentage of individuals with intellectual/developmental disabilities living in non-institutional settings.
	The NC Innovations Waiver is a Medicaid program that serves people who would otherwise live in an intermediate care facility for people with intellectual disabilities (ICF/IID). This program gives people the opportunity to live in a community setting instead of an institution or group home. Home and Community Based Services (HBCS) regulations also help eligible individuals gain full access to the benefits of community living and can access services in the most integrated setting. (Multiple divisions)	
1.4.2 – Performance Measure: Percentage of seniors and people with physical disabilities who are able to participate in preferred activities outside of home when and with whom they want.	Strategy	Help seniors and people with physical disabilities participate in their communities.
	DHHS monitors and assesses aging services and programs funding through the Older Americans Act and State Allocations; provides training to support adult programs and services; and produces demographic and statistical data for the public and partners. DHHS also oversees both state and federally funded programs that provides and procures goods and services; allowing individuals with physical disabilities to be included and active within their respective communities. (Multiple divisions)	

Objective 1.5 – Work with underserved and underrepresented communities to improve access to quality health care to promote health equity.		
1.5.1 – Performance Measure: Racial and ethnic health disparity in mortality rates from chronic diseases (e.g., heart disease, diabetes, stroke, cancer, chronic respiratory disease, and other relevant health indicators).	Strategy	Promote health equity.
		DHHS is dedicated to the promotion, achievement, and advancement of health equity for underserved and underrepresented populations in North Carolina. Focus areas include improving the quality and availability of health information, data collection and analysis and collaborating with partners, to improve and enhance minority health programs and services. <i>(Cross-departmental objective)</i>
1.5.2 – Performance Measure: Number of new primary care residents trained and recruited to rural NC designated health care professional shortage areas for primary care, dental, and mental/behavioral health.	Strategy	Coordinate rural residency training with partners to support rural health centers and other rural practice settings.
		DHHS administers over \$23.7M in contracts designed to expand access to high quality health care for rural and underserved areas and provides in-depth technical assistance to North Carolina’s safety net system. DHHS also partners with other state agencies to prepare the workforce needed to support rural communities. This funding is further leveraged through our partnership with state universities and the state AHEC system. <i>(Office of Rural Health)</i>
1.5.3 – Performance Measure: Number of new telehealth sites operating in NC’s rural communities/counties with a HPSA score of 15 – 25.	Strategy	Increase access to care and innovative delivery models via telehealth.
		DHHS will coordinate efforts with DIT to match broadband capacity to ORH listing of “telehealth ready” sites to build capacity for innovative delivery models including the delivery of specialty physical health and dental services, behavioral health, and substance use services into rural areas. <i>(Medicaid, Office of Rural Health, Division of Public Health)</i>
Objective 1.6 – Ensure high standards in health care facilities operated or regulated by DHHS.		
1.6.1 – Milestone: Become a system of state operated healthcare facilities that is trauma informed.	Strategy	Become a system of state operated healthcare facilities that is trauma informed.
		We want to build a system of state operated health care facilities that is trauma informed to ensure whole person care. DHHS wants to increase the percent of DHHS facility staff that are trained in trauma informed care. This will be part of our dashboard reporting and is built into facility staff VIP goals. <i>(Division of State Operated Health Facilities)</i>
1.6.2 – Performance Measure: For nursing	Strategy	Use regulatory authority to help ensure people receive appropriate care in safe and therapeutic settings.

homes, average time interval between consecutive standard health surveys.	CMS' timeliness standards require us to conduct a standard health survey not later than 15.9 months from the last day of the previous survey for 100% of nursing homes and to maintain a statewide average time interval between consecutive standard health surveys of 12.9 months or less. <i>(Division of Health Service Regulation)</i>
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Goal 2 - Build an innovative, coordinated, and whole-person centered system that addresses both medical and non-medical drivers of health.

Objective 2.1 – Integrate behavioral health and physical health.

2.1.1 – Milestone: Integrate physical health and behavioral health as part of Medicaid Transformation <i>(launch expected November 2019)</i>	Strategy	Integrate physical health and behavioral health as part of Medicaid Transformation.
		In Medicaid managed care, Standard Plans will provide integrated physical health, behavioral health and pharmacy services to the majority of beneficiaries, including those with lower intensity behavioral health needs. Beginning in 2021, most individuals with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability or a traumatic brain injury will receive integrated physical health, behavioral health, pharmacy services and I/DD services through Behavioral Health Intellectual/Developmental Disability Tailored Plans, an integrated specialized managed care product. <i>(Division of Health Benefits)</i>

Objective 2.2 – Promote quality and value in North Carolina's health care system.

2.2.1 – Milestone: Implement robust statewide Quality Strategy as part of Medicaid transformation <i>(draft released March 2018)</i>	Strategy	As part of the state's Medicaid Transformation, implement a robust strategy to improve quality and value in our Medicaid program.
		To ensure that Prepaid Health Plans (PHPs) in Medicaid managed care are held accountable for quality and outcomes, DHHS has developed a data-driven, outcomes-based quality improvement strategy that requires PHPs to meet relevant targets and benchmarks to improve care delivery, support healthy people and communities, and pay for health. PHPs will track and report on specific measures, submit annual improvement plans, implement improvement projects and support clinicians in quality improvement efforts. Eighteen months after managed care launch, certain quality measures will be tied to financial incentives. All measures will be stratified by demographics to ensure plans are identifying and addressing health disparities. <i>(Division of Health Benefits)</i>
2.2.2 – Milestone: Launch of Advanced Medical Home Program <i>(anticipated November 2019)</i>	Strategy	Promote high-quality, local care management via a groundbreaking Advanced Medical Home (AMH) program.
		As part of Medicaid Transformation and building on the success of NC's current medical home model, the AMH program will preserve broad access to primary care services for Medicaid enrollees while strengthening the role of primary care in local care management, care coordination and quality improvement. The AMH program keeps the current Carolina ACCESS program payments to practices while also

	introducing new performance incentives for practices to become more focused on cost and quality outcomes over time by aligning payments for practices to specified measures, including total cost of care and health outcomes measures—which in turn links to PHPs’ quality incentives set by DHHS. <i>(Division of Health Benefits)</i>	
2.2.3 – Performance Measure: Percentage of each Prepaid Health Plan’s medical expenditures governed under VBP arrangements	Strategy	Require adoption of Value Based Payments (VBP) in Medicaid managed care.
	To ensure payments to providers are focused on improving population health and appropriateness of care in the most cost-effective manner, DHHS is requiring PHPs to establish value-based payment (VBP) arrangements. PHPs must develop a Value Based Purchasing Strategy over an initial 3-year period that aligns to DHHS’ short- and long-term goals to shift from FFS to VBP. The VBP Strategy must detail required incentive programs for AMHs and provide annual expenditure targets in VBP arrangements. DHHS requires that by the end of the second contract year, the portion of each PHP’s medical expenditures governed under VBP arrangements will either increase by 20 percentage points or represent at least 50% of total medical expenditures. <i>(Division of Health Benefits)</i>	
Objective 2.3 – Promote timely access to high quality care, including through closing the health insurance coverage gap.		
2.3.1 – Performance Measure: Percentage of North Carolinians without health insurance.	Strategy	Decrease the uninsured rate through closing the health insurance coverage gap using the Medicaid Program.
	900,000 North Carolinians are uninsured today. The “coverage gap” refers to people who do not qualify for Medicaid today but who are too poor to qualify for subsidies on the Health Insurance Marketplace (healthcare.gov). If NC closed the coverage gap it would give more than 400,000 people access to affordable health insurance. <i>(Cross departmental objective)</i>	
2.3.2 – Performance Measure: Provider networks meet DHHS network adequacy standards for all PHPs in all regions.	Strategy	Maintain strong provider networks in Medicaid.
	DHHS wants to ensure strong provider networks for people in Medicaid, including both fee-for-service and managed care. DHHS is dedicated to maintaining broad clinician participation in Medicaid by reducing/mitigating clinician administrative burden whenever feasible and by ensuring fair payments to providers of care. In managed care, PHPs will be held to specific standards around network adequacy, including time and distance and appointment wait time standards and must contract with a strong network of providers to meet those standards. <i>(Division of Health Benefits)</i>	
Objective 2.4 – Comprehensively address key drivers that directly impact health, including housing, food, transportation, employment, and interpersonal safety.		
2.4.1 – Milestones: 1): Implementation of Healthy Opportunities pilot program.	Strategy	Develop policies and programs to address these five areas.
	Research shows that overall health is driven by many things outside the four walls of a hospital or clinic. DHHS has identified five priority domains for making smart investments in Healthy Opportunities: housing, food, transportation, employment	

2): Launch of Healthy Opportunities resource platform.	and interpersonal safety. Interventions include: implementing an innovative Healthy Opportunities pilot program to improve health and reduce health care costs; building a statewide resource platform to connect those with an identified need to community resources; developing a set of standardized screening questions to identify and assist patients with unmet health-related resource needs; and Creating an interactive statewide map of SDOH indicators that can guide community investment and prioritize resources. <i>(Cross departmental objective)</i>	
Objective 2.5 – Reform North Carolina’s child welfare and social services systems to improve child safety and increase transparency and accountability.		
2.5.1 –Milestone: Finalization and implementation of North Carolina’s social services and child welfare reform plans.	Strategy	Finalize and implement North Carolina’s social services and child welfare reform plans.
	Goals of work underway include improving outcomes for children and families by developing and implementing social services and child welfare plans to enhance regional support and supervisions to county departments of social services; improving accountability for outcomes at the local, regional and state levels, creating a data dashboard, and developing a plan for consistent quality improvement for social services. <i>(Division of Social Services)</i>	

Goal 3 – Turn the tide on North Carolina’s opioid crisis.		
Objective 3.1 – Coordinate the state’s infrastructure to tackle the opioid crisis.		
3.1.1 –Milestone: Hold statewide Opioid Summit and quarterly OPDAAC meetings.	Strategy	Increase engagement from stakeholders and alignment of efforts.
	Convene stakeholders and facilitate activities in monthly and quarterly Opioid and Prescription Drug Abuse Advisory Committee meetings and host statewide Opioid Summit to rollout updates to the NC Opioid Action Plan. <i>Division of Public Health (DPH) and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS)</i>	
Objective 3.2 – Reduce the oversupply of prescription opioids.		
3.2.1 – Performance Measure: Rate of multiple provider episodes for prescription opioids.	Strategy	Support utilization of the CSRS by prescribers and dispensers.
	Provide better visualization of data, develop connections that enable providers to make CSRS queries from electronic health records, and report data to the NC professional boards. (DMHDDSAS)	
Objective 3.3 – Reduce diversion and flow of illicit drugs		
3.3.1 – Performance Measure: Percent of opioid deaths involving heroin or fentanyl/fentanyl analogues.	Strategy	Coordinate efforts with stakeholders to reduce diversion and trafficking.
	Support trafficking investigations and law enforcement. Train law enforcement and public-sector employees in recognizing presence of opioids. Educate public on safe storage of opioids. Assist with developing and providing technical assistance on model healthcare worker diversion prevention protocols.	

Objective 3.4- Increase community awareness and prevention.		
3.4.1 – Performance Measure: Reach and number of impressions for educational campaigns.	Strategy	Support large-scale public education campaigns.
		Support multiple ongoing education campaigns to educate the public on a variety of related topics such as the impact of opioid epidemic and safe storage practices. <i>(DPH and DMHDDSAS)</i>
Objective 3.5- Make naloxone widely available.		
3.5.1 – Performance Measure: Number of syringe exchange programs.	Strategy	Support the Safer Syringe Initiative.
		Increase the number of syringe exchange programs, including distribution of naloxone and referrals to treatment thru these programs. <i>(DPH and DMHDDSAS)</i>
Objective 3.6- Expand treatment and recovery systems of care.		
3.6.1 – Performance Measure: Number of uninsured individuals with an opioid use disorder served by treatment programs.	Strategy	Dedicate funding to expanding access to MAT.
		Utilize state and federal funding to serve a greater number of North Carolinians who need treatment. <i>(DMHDDSAS)</i>
Objective 3.7- Measure the effectiveness of these strategies based on results.		
3.7.1- Milestone: Dashboard and data reports are created.	Strategy	Create publicly accessible data dashboard.
		Continue to increase and improve the data provided to partners and stakeholders to evaluate progress on epidemic and inform response efforts. <i>(DPH and DMHDDSAS)</i>

Goal 4 – Ensure all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.		
Objective 4.1 – Ensure children are healthy at birth and thrive in environments that support their optimal health and well-being.		
4.1.1 – Performance Measure: By 2025, decrease the statewide infant mortality disparity ratio.	Strategy	North Carolina will work to decrease disparities in infant mortality, thereby improving overall birth outcomes for all children.
		Infant mortality is widely used as a measure of population health, as well as the health and well-being of children and families across the world. It is not only a measure of the risk of infant death, but also used more broadly as a crude indicator of community health status, poverty and socioeconomic status levels in a community, and availability and quality of health services. Of great importance in assessing population health with infant mortality are the disparities in infant

	mortality, which is most prominent between African-American and white infants. The goal to decrease the statewide infant mortality disparity ratio from 2.68 to 1.92 aligns with a current Healthy North Carolina 2020 goal from the Division of Public Health. While the state would like to decrease the ratio to 1.00, an achievable and hopefully surpassable target was set. <i>(Cross-departmental objective)</i>	
4.1.2 – Performance Measure: By 2025, increase percentage of NC’s young children enrolled in Medicaid and Health Choice who receive regular well-child visits.	Strategy	North Carolina will work to ensure that all young children receive regular, ongoing access to high-quality healthcare.
	Well-child visits provide an opportunity for providers to influence health and development of young children and are a critical opportunity for screening. Well child visits allow health care providers to carefully monitor and foster a child’s overall health and development, support parents as they care for their child, provide anticipatory guidance, provide preventive care, and identify and address health concerns early. <i>(Cross-departmental objective)</i>	
4.1.3 – Performance Measure: By 2025, decrease the percentage of children living across North Carolina in food insecure homes.	Strategy	North Carolina will work to ensure that all young children have regular access to healthy foods.
	Food insecurity among children is associated with negative health, social, and academic outcomes. Multiple reports indicate that North Carolina’s families face food insecurity at higher rates than much of the country. The most recent USDA report on overall food insecurity across the country ranks NC as the 10th state. While the USDA does not have a current report that includes rankings for households with children, they do have a report based on slightly older data. In this analysis, NC is ranked #8 for households with children. Feeding America reports that approximately 1 in 5 children in NC live in food insecure households, with that rate rising in some counties to more than 1 in 3. Feeding America ranks NC as #11 in the country for percent of children with food insecurity. <i>(Cross-departmental objective)</i>	
Objective 4.2 – Help children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.		
4.2.1 – Performance Measure: By 2025, reduce the number of children under age six experiencing homelessness in North Carolina by 10%.	Strategy	North Carolina will work to ensure that all young children have access to safe, secure, and affordable housing.
	The physical, financial, and psychological features of a home can affect child development and well-being. For children in low-income families, housing instability during the first 5 years of life was associated with attention problems, internalizing and externalizing behaviors. Similarly, for caregivers of young children, housing instability has been associated with worse health, maternal depressive symptoms, and household material hardship and including food insecurity. Homelessness in early childhood is a risk factor for poor health, low social engagement in first grade, and low functioning in language and communication skills. <i>(Cross-departmental objective)</i>	

4.2.2 – Performance Measure: By 2025, decrease by 20% the rate of children in NC who are victims of maltreatment.*	Strategy	North Carolina will work to increase the percentage of children across the state who have consistent safe relationships with their parents or primary caregivers.
	<p>In early childhood, major adversity (including conditions like extreme poverty, neglect, abuse, or severe maternal depression) can weaken the architecture of the developing brain and permanently set the body’s stress response system on high alert resulting in long-term consequences for learning, behavior, and both physical and mental health. This is especially true when children do not have the benefit of caring adults with capacity to buffer children from the effects of unrelenting or toxic stress. (See more from Harvard’s Center on the Developing Child on this topic.)</p> <p><i>(Cross-departmental objective)</i></p> <p><i>*In setting this target, it is critical to note that few children are the subject of formal abuse and neglect reports and substantiations, and minority populations are disproportionately reported, investigated and substantiated.</i></p>	
4.2.3 – Performance Measure: 1) <i>Reunification:</i> By 2025, decrease the number of days it takes for a child in the foster care system to be reunified with his or her family, if appropriate. 2) <i>Adoption:</i> By 2025, decrease the number of days it takes for a child in the foster care system to be adopted, if reunification is not appropriate.	Strategy	North Carolina will work to increase the percentage of children in foster care across the state who grow up in a home environment with stable, consistent, and nurturing family relationships, whether that is with the child’s birth family, or through an adoptive family.
	<p>Young children need safe, permanent homes with nurturing and secure attachments to adults for healthy growth and development. For children who must be placed in foster care, the stress of being removed from the home and placed in out-of-home care can aggravate the original insult of the maltreatment and prolong the prolong activation of the child’s stress response system, which impacts the child’s developing brain. A recent study suggests that trauma-informed approaches to removing children from home and placing them in foster care can reduce the amount of reoccurring maltreatment, reduce time to permanency, limit the number of placements, increase use of supportive services and increase parent-child contact.</p> <p><i>(Cross-departmental objective)</i></p>	
4.2.4 –Milestone: By 2025, North Carolina will have a reliable, statewide measure of young children’s social-emotional health at the population level.	Strategy	North Carolina will work to increase the percentage of children who show healthy expression and regulation of emotion, empathy, and a positive sense of self.
	<p>Measuring children’s social-emotional health, particularly at the population level, is a challenge. There is an ongoing national debate about what the best measures might be, and what data sources could be used. At this time, no state has identified any one indicator and data source to measure children’s social-emotional health at the population level. <i>(Cross-departmental objective)</i></p>	

Objective 4.3 – Help children experience the conditions they need to build strong brain architecture and school readiness skills that support their success in school and life.		
4.3.1 – Performance Measure: Part 1) By 2025, increase the percentage of income-eligible children enrolling in high-quality early care across North Carolina by 10%. High quality programs include: NC Pre-K, Head Start, Early Head Start, and 4 and 5-star programs. Part 2) By 2025, decrease the percent of income a family is spending on childcare to 7%.	Strategy	North Carolina will work to ensure that families have access to high quality early care and education programs.
		<p>High quality early care and education programs help prepare children for school and life academically, socially, and emotionally. While children from all backgrounds benefit from the availability of high quality, affordable child care, at-risk children (such as those from low-income families or with disabilities or limited English proficiency) often show the greatest gains in cognitive, language, and social skills (NC Child).</p> <p>Studies reveal that a high-quality child care program will help children become more ready for school which increases their chances to succeed. Research also indicates that employers benefit when their employees' children are in quality child care arrangements. Parents are more productive and focused on work knowing their children are being nurtured and interacted with in ways that promotes all areas of their development. This confidence in care creates a win-win situation for everyone: parents, children and employers. <i>(Cross-departmental objective)</i></p>
4.3.2 – Performance Measure: By 2025, increase the percentage of children across North Carolina who enter kindergarten developmentally on track (according to a broad set of domains of readiness).	Strategy	North Carolina is committed to ensuring that all children and families have the tools needed to support early development and meet developmental milestones so that they can succeed in school and beyond.
		Kindergarten Entry Assessment (KEA) is administered statewide by the Department of Public Instruction (DPI). At this time, however, there is no state and county level reporting on this assessment. While there is no current access to KEA data in order to set a 2025 target and track ongoing progress, the choice was nonetheless made to highlight this assessment in the NC Early Childhood Action Plan. There is currently no other statewide assessment that provides a comprehensive look at child-level outcomes upon entry into school. <i>(Cross-departmental objective)</i>
4.3.3 – Performance Measure: By 2025, increase the percentage of young children across the state achieving reading proficiency or	Strategy	North Carolina will work to decrease disparities in reading performance in early grade levels, thereby improving reading proficiency rates for all children.
		A broad and ongoing array of research continues to demonstrate that reading proficiency by the end of third grade matters. Children who read proficiently by the end of third grade are more likely to succeed academically, graduate from high school ready for college and careers, and become successful, productive adults. A

above in early elementary grades.	<u>recent report</u> from the NC Early Childhood Foundation underscores the importance of looking at these data for subgroups of the population since there are significant disparities in reading proficiency by race, ethnicity and whether or not a student is an English language learner or not. <i>(Cross-departmental objective)</i>
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Goal 5 - Achieve Operational Excellence		
Objective 5.1 – Engage the workforce through common values and a shared mission.		
5.1.1 –Milestone: Submission of updated mission and values and communication plan. Cascade values into individual performance plans.	Strategy	Align division mission and values with departmental mission and values and disseminate at departmental and division level events.
		Each division will evaluate and edit their mission and values to align with departmental mission and values. Divisions will identify and schedule appropriate events and times to re-enforce those values (ex: division all-staff meetings). <i>(Cross-departmental objective)</i>
Objective 5.2 – Manage workforce skills and capacities strategically to align with needs of the organization.		
5.2.1 –Milestone: Human Resources team creates a summary and human capital skills “risk” and companion strategy to mitigate.	Strategy	Conduct a gaps analysis comparing the future-state needs of the organization against the current capacity; develop a retooling and recruiting program.
		Define strategic skillsets needed and then quantify the current level of those skillsets within each division down to the individual employee level. Utilize information to develop division and individual employee strategic development plans (including individual career planning and division/departmental succession planning). <i>(Cross-departmental objective)</i>
Objective 5.3 – Create systems and controls to ensure effective financial stewardship and transparency.		
5.3.1 – Milestone: Budget and Analysis team creates an array of financial performance dashboards to ensure careful stewardship of resources	Strategy	Develop metric dashboards for the tracking and reporting of each division’s financial health and utilization; including a timeline for consistent departmental review and measurement.
		Develop dashboard of key performance indicators for each division, giving insights into the financial health of each division and the utilization of available funds. This includes the identification of key performance indicators, timeline for reporting and review, and setting of goals to drive progress. <i>(Cross-departmental objective)</i>
Objective 5.4 – Unify staff focus to accomplish strategic goals.		
5.4.1 - Performance Measure:	Strategy	Tie organizational goals to individual performance plans.
		Matrix strategic goals and objectives against the organizational structure of the Department, establishing clear leads and contributors. Cascade these goals,

Require goals in the individual performance plan to have clear tie to the strategic plan. Report percent complete and rating.	objectives, and subsidiary projects into performance plans of individuals in those organizations. <i>(Cross-departmental objective)</i>	
Objective 5.5 – Relentlessly pursue customer value.		
5.5.1 - Performance Measure: Improve timeliness and quality of each key service measure. Work towards longer term strategic systems management.	Strategy	Measure and improve processes and systems of service.
	Create array of customer service metrics that measure performance of key regulatory, licensing, ombudsperson, contracting, financial allocation, and/or other similar processes that serve residents and businesses of North Carolina. Each Division will identify the top service processes in their arena and produce timeliness and quality measures to evaluate performance. Future efforts will involve using these metrics to inform the corresponding system (e.g. a preponderance of complaints about a certain regulatory requirement) and thoughtfully evaluating the system to ensure it’s designed for high performance and high-quality. <i>(Cross-departmental objective)</i>	

4. Highlights and Opportunities

DHHS touches the lives of every North Carolinian and our priorities highlight the vast range of programs we administer and populations we work with. Below are five priorities areas we'd like to highlight:

Healthy Opportunities

Research shows that overall health is driven by many things outside the four walls of a hospital or clinic. To ensure the most efficient managed care program and to build on work already being done by pediatricians, family physicians, community-based organizations, and others, DHHS has identified five priority domains for making smart investments in Opportunities for Health: housing, food, transportation, employment, and interpersonal safety.

All North Carolinians should have the opportunity for health and we can't improve health and well-being of North Carolinians without tackling some of the foundational drivers of health. DHHS is committed to providing the opportunity for health for North Carolinians and addressing the conditions in which people live that directly impact health or "the social determinants of health" (SDOH) through a combination of strategies.

This work includes developing a set of standardized SDOH screening questions to identify and assist patients with unmet health-resources needs and helping build a statewide resource platform to connect those with an identified need with community resources. DHHS will also implement within the Medicaid managed care program an innovative Healthy Opportunities pilot program to improve health and reduce healthcare costs.

Opioid Action Plan

The opioid epidemic is having ongoing and devastating impacts on communities across North Carolina and the country. North Carolina's Opioid Action Plan was developed with community partners to combat the opioid crisis. the Action Plan aims to change the trajectory of opioid deaths and reduce opioid overdose deaths by 20% over the next five years. To support the implementation, DHHS convenes the Opioid Prescription Drug Abuse Advisory Committee (OPDAAC) quarterly to educate and discuss efforts and ensure continue alignment.

The Action Plan is a living document that will be updated as we make progress on the epidemic and are faced with new issues and solutions. Strategies in the plan include:

- Coordinating the state's infrastructure to tackle the opioid crisis.
- Reducing the oversupply of prescription opioids.
- Reducing the diversion of prescription drugs and the flow of illicit drugs.
- Increasing community awareness and prevention.
- Making naloxone widely available.
- Expanding treatment and recovery systems of care.
- Measuring the effectiveness of these strategies based on results.

A data dashboard developed by DHHS helps to track and monitor the metrics in the Opioid Action Plan. These metrics show the state beginning to see success in its efforts to combat the opioid crisis. The oversupply of prescription opioids is being reduced and access to treatment and recovery services has increased.

Early Childhood Action Plan

Another key priority and population group for the Department is a focus on early childhood. DHHS wants all North Carolina children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

Towards that vision, DHHS is spearheading the development of a statewide Early Childhood Action Plan to be released in early 2019. The North Carolina Early Childhood Action Plan seeks to create a cohesive vision, set benchmarks for impact by the year 2025, and establish shared stakeholder accountability to achieve statewide goals for early childhood.

By 2025, DHHS envisions that all North Carolina's young children from birth to age eight will be:

- **Healthy:** Children are healthy at birth and thrive in environments that support their optimal health and well-being.
- **Safe and Nurtured:** Children grow confident, resilient and independent in safe, stable and nurturing families, schools and communities.
- **Learning and Ready to Succeed:** Children experience the conditions they need to build strong brain architecture and school readiness skills that support their success in school and life.

Medicaid Transformation

In 2015, the NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid from a predominantly fee-for-service (FFS) structure to managed care. In managed care, DHHS will remain accountable for all aspects of the Medicaid and NC Health Choice programs. DHHS will delegate the direct management of certain health services and financial risks to PHPs, who will contract with care providers to provide services for their members.

Since 2015, DHHS has collaborated with and solicited extensive feedback on its transition to managed care from clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates, and other stakeholders. Throughout this process - from hosting listening sessions across the state, reviewing more than one thousand written public comments, and holding hundreds of meetings with various stakeholders - stakeholder feedback has shaped the program design.

DHHS has five goals for Medicaid Transformation:

1. Create an innovative, integrated, and well-coordinated system of care
2. Support clinicians and beneficiaries during and after the transition
3. Promote access to care
4. Promote quality and value
5. Ensure a successful managed care program

Social Services Reform

As required by the Family-Child Protection and Accountability Act, DHHS is leading a reform effort to bring meaningful improvements in supervision and accountability to our child welfare and social services systems, with the goal of ensuring North Carolinians receive consistent quality and access to services statewide.

This work includes developing a child welfare reform plan that improves child protective services by enhancing preventive and in-home services to help children remain safely with their families,

streamlining child fatality oversight reviews, reduce placement of children in foster care and strengthen reunification and permanency services, improve assistance for older youth in foster care or those who aged out, and identify strategies to ensure a well-trained and adequately compensated staff. Reform plans will also allow for enhanced state supervision and support of county social services offices through the creation of new regional offices.

Potential Initiatives/ Collaborative Opportunities

Resource Platform

The NC Resource Platform is a statewide public-private partnership of philanthropy, healthcare and community partners administered by the Foundation for Health Leadership and Innovation (FHLI). While DHHS will not administer the NC Resource Platform, the tool is an integral component of the state's Healthy Opportunities strategy. To truly achieve health and well-being for all North Carolinians, it is critical to unite our healthcare sector and communities. The platform will be the foundation for connecting people with community resources they need to improve their health and well-being and to decrease health care costs and utilization.

The NC Resource Platform will be a robust statewide resource database that will include a call center and will serve as a referral platform for providers, social workers, care coordinators and others to connect patients directly to community resources. It will foster resource connections, link health and social services in communities and develop high-quality data regarding the non-clinical factors impacting health outcomes and costs. Importantly, it will track outcomes. The platform will be open to all providers, payers, community-based organizations, agencies and residents across North Carolina.

Disaster Response and Recovery

Within two years, North Carolinians experienced two natural disasters – Hurricanes Matthew and Florence—that impacted thousands. DHHS leads many components of the State's coordinated response and recovery efforts, supporting affected communities and individuals in stabilizing and building resiliency after the storm.

In addition to a wide variety of other actions and initiatives, much of the Department's disaster response work focuses on housing. DHHS works in close partnership with the Federal Emergency Management Agency (FEMA) programs designed to assist homeowners and renters with hurricane impacts not covered by insurance. For households not eligible for FEMA Individual Assistance, DHHS, in collaboration with its partners, created Back@Home North Carolina, a \$12 million initiative that uses the cost-effective rapid rehousing model to create a much-needed resource. Back@Home creates better outcomes and self-sufficiency for individuals and families and provides a cost-savings as compared to maintaining congregate shelters.